## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

108179-00006

CLAIMS AS FILED - PAR' (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			5				Г	RATE	FEE	j	RATE	FEE
FOR			NUMBER F	LED	NUMBE	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			5 minus 20= *		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 = *		* 0			X42=		OR	X84=	
MU	LTIPLE DEPENI	DENT CLAIM PF	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	ess than zero, enter "0" in co			olumn 2	L	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II										_	OTHER	
		(Column 1) CLAIMS		(Colur		(Column 3)		SMALL E	NTITY	OR .	SMALL	ENTITY
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT	4.40.4.0	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* /	Minus	** 2	<u>10</u>	=		X\$ 9=		OR	X\$18=	
	Independent	* 3 NTATION OF MI	Minus	***	S CLAIM			X42=		OR	X84=	
L	THOTTHEOL				·		<b>,</b>	+140=		OR	+280=	
								TOTAL	1	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	
	1. 美国	CLAIMS		HIGH	HEST		1 6	1	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=	┨ [	X42=		OR	X84=	
_	THOTTHEOL	THATION OF MI	OLTIFEL DEF	CIVOLIV	CLANVI		┛┃	+140=		OR	+280=	
							_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		10011.1 EE 1			ADDIT: I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=	4 [	X42=		OR	X84=	
L	THINST PHESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM		┪╏	+140=		OR	+280=	
*	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2, writ	e "0" in co	lumn 3.	Ĺ	TOTAL	·		TOTAL	-
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											